

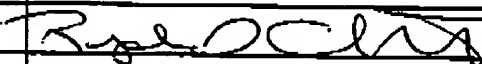
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/629,511	
	Filing Date	07/29/2003	
	First Named Inventor	JEPPESSEN	
	Art Unit	3743	
	Examiner Name	Bunin, A.	
Total Number of Pages in This Submission	2	Attorney Docket Number	6553-0501

ENCLOSURES (Check all that apply)		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Chabot & Associates		
Signature			
Printed name	Ralph D. Chabot		
Date	07/12/2005	Reg. No.	39,133

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name.	Ralph D. Chabot	Date	07/12/2005

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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/629,511
Filing Date	07/29/2003
First Named Inventor	JEPPESEN
Art Unit	3743
Examiner Name	Burin, A.
Attorney Docket Number	6553-0501

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

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24936

☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

John C. Jeppesen

Date

07/07/2005

Telephone

805-644-2270

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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